

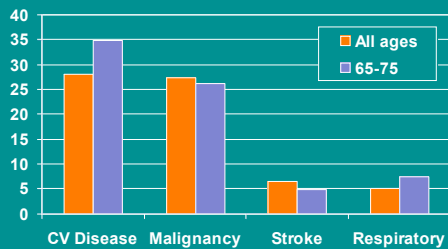
End of Life Decisions and the Elderly

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I have no disclosures, other than aging

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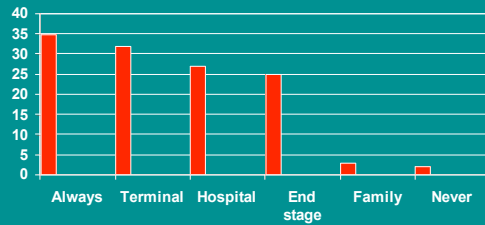
Causes of Death - 2002



Discussion of End of Life Issues: Results of ACCP Survey

- 98% feel discussion of end-of-life issues important

Discussion of End of Life Issues: Results of ACCP Survey



Some challenges in talking about “the elderly”

- Physiologic heterogeneity increases with age
- Aspects of individuals age at different rates:
 - Physiologically
 - Psychologically
 - Spiritually

Some challenges in talking about “the elderly”

- Heterogeneity also includes cultural aspects
- Available information is usually from studies with small numbers and cultural homogeneity
- Age criteria differ in studies
- Social situations differ in studies

BUT, there are some positive aspects

- Many studies have found general agreement despite diversity of populations
- There is increasing interest in this area, in part because the older “baby boomers” are now reaching the age at which these decisions take on greater import

What are some of the major question?

- What is the best focus of questions for personal preferences?
- How do patients best understand their options and the implications?
- How do patients best communicate principles by which they want decisions to be made?

What are some of the major question?

- Who are the best surrogates?
- How well do physicians and other health care workers understand patients' preferences?

Is experience a good teacher?

Wilson et al, Med Decis Making 1997

- Compared abilities of interns and attending physicians to predict patient preferences for end-of-life care
- 230 seriously ill patients asked about CPR, QoL, attitudes toward 6 adverse outcomes
- Attending physicians had known patients longer, had talked about preferences and felt they knew about preferences better

CPR preferences

Wilson et al, Med Decis Making 1997

- Interns overestimated positive preference
- Attendings overestimated negative preference
- Interns said they had been told by 17% of pts
- Attendings said they had been told by 47%
- Pts denied telling preference 55% and 64% of time to interns and attendings respectively
- Agreement on preference was 69% by interns and 68% by attendings

Willingness to tolerate adverse outcomes

Wilson et al, Med Decis Making 1997

- Six outcomes: chronic pain, ventilator dependence, life-long tube feeding, coma, confusion, nursing home
- No agreement beyond chance between patients and physicians except in “nursing home” question
- Both interns and attendings overestimated willingness for tube feedings and NH

Micromanaging Death...

Hawkins, et al. The Gerontologist, 2005

- ADVANCE Project
- 334 interviews and questionnaires
- Asked patients and surrogates about:
 - Process preferences in decision making
 - Values and goals in decision making
 - Comfort with decision making plans

Micromanaging Death...

Hawkins, et al. The Gerontologist, 2005

- Process preference questions:
 - Conveying treatment preferences
 - Updating preferences over time
 - Selecting decision makers
 - Allowing leeway in decision making

Micromanaging Death...

Hawkins, et al. *The Gerontologist*, 2005

- Asked patients about importance of 5 values in decision making:
 - Religious beliefs
 - Dignity
 - Physical comfort
 - Dependency on others
 - Finances
- Asked surrogates whether they believed these were important to the patient

Micromanaging Death...

Hawkins, et al. *The Gerontologist*, 2005

- Asked patients to rank 3 of 12 goals of care important to them in decisions:
able to think and remember, ADL, pain, prognosis, independence, communicate, see and hear, move without help, best for family, what family thinks best for patient, cost, ability to enjoy leisure activities
- Surrogates asked to list the three goals they thought the patient would consider important

Micromanaging Death...

Hawkins, et al. *The Gerontologist*, 2005

- Patients asked about comfort with decision-making plans:
 - Comfort with current plans
 - Confidence in surrogate's ability to make decisions for them
 - Confidence in surrogate's understanding of their wishes
 - Comfort talking with physician and family about their wishes

Process preferences

Hawkins, et al. The Gerontologist, 2005

	<u>Pts</u>	<u>Surrogates</u>
<u>Written AD</u>		
Not at all	15	15
Somewhat	30	26
Definitely	55	55
<u>Best approach</u>		
Written AD	11	5
Talk with family	29	29
Do both	57	61
Do neither	2	1

Process preferences

Hawkins, et al. The Gerontologist, 2005

	<u>Pts</u>	<u>Surrogates</u>
<u>Type of AD</u>		
Precise directions	16	13
General values	50	44
Both	30	37
<u>Leeway</u>		
None	9	9
Little	37	58
Lot	28	17
Complete	24	10

Process preferences

Hawkins, et al. The Gerontologist, 2005

	<u>Pts</u>	<u>Surrogates</u>
<u>Decision model</u>		
One person	25	15
Group	25	27
All talk, one decides	49	54
<u>Who's included?</u>		
Family	72	77
Physician	68	77
Physician	23	35
Clergy	3	3
Others		

Value preferences

Hawkins, et al. The Gerontologist, 2005

	<i>Pts</i>	<i>Surrogates</i>
Religious beliefs		
Disagree	29	22
Unsure	17	14
Agree	53	60
Beneficial death		
Disagree	4	1
Unsure	7	5
Agree	87	90
Painful death		
Disagree	11	9
Unsure	19	14
Agree	69	72

Value preferences

Hawkins, et al. The Gerontologist, 2005

	<i>Pts</i>	<i>Surrogates</i>
Dependence		
Disagree	4	15
Unsure	10	15
Agree	85	66
Financial burden		
Disagree	17	46
Unsure	10	18
agree	72	32

Micromanaging Death...

Hawkins, et al. The Gerontologist, 2005

- Among the goals selected, the most important goal selected by the largest proportion of both patients (28%) and surrogates (25%) was the ability to think clearly and remember important things
- Second most common was ability to take care of one's needs

Comfort with plans

Hawkins, et al. The Gerontologist, 2005

	<i>Pts</i>	<i>Surrogates</i>
<u>Comfort level</u>		
1-not at all	0	1
2-not very	3	4
3-somewhat	6	9
4-fairly	46	45
5-extremely	45	36
<u>Discomfort-</u>		
<u>family</u>	75	66
Disagree	13	14
Unsure	11	15
<u>Agree</u>		
<u>Discomfort – MD</u>		
Disagree	76	63
Unsure	13	24
Agree	10	8

Comfort with plans

Hawkins, et al. The Gerontologist, 2005

	<i>Pts</i>	<i>Surrogates</i>
<u>Confidence in S</u>		
1-not at all	1	0
2-not very	2	1
3-somewhat	5	10
4-fairly	35	50
5-extremely	58	34
<u>How well S</u>		
<u>understands wishes</u>		
1-not at all	1	0
2-not very	1	2
3-somewhat	4	6
4-fairly	36	47
5-extremely	58	41

Micromanaging Death: Lessons learned

Hawkins, et al. The Gerontologist, 2005

- Many current methods of advance planning not strongly desired
- Substantial variability in preferences
- Surrogate-patient understanding may be a problem
 - Previous studies on specific wishes
 - This study on preferences for values and goals

What are some of the challenges?

- We need to re-evaluate our current approaches for advance directives, informed consent and advance care planning for the elderly
- Intervention based directives are often not helpful
- Surrogates also need to be more involved
- We have a great challenge in adequately educating physicians and others to the needs and desires

Thank you

Discussion of End of Life Issues: Results of ACCP Survy

- Always discuss - 35%
- Discuss with terminal illness – 32%
- Discuss with hospitalization – 27%
- Discuss in final stages – 25%
- Discuss with family, not pt – 3%
- Don't discuss – 2%

Table C. Deaths and percentage of total deaths for the 10 leading causes of death: United States, 2001-02

Cause of death and year	Rank ¹	2002		2001	
		Deaths	Percentage of total deaths	Deaths	Percentage of total deaths
All causes	2,443,367	100.0	2,416,425	100.0
Diseases of heart	1	696,847	28.5	700,142	29.0
Malignant neoplasms	2	557,271	22.8	553,788	22.9
Cerebrovascular diseases	3	192,672	7.7	189,538	7.8
Chronic lower respiratory diseases	4	124,916	5.1	123,913	5.1
Accidents (unintentional injuries)	5	102,742	4.4	101,537	4.2
Diabetes mellitus	6	73,249	3.0	71,372	3.0
Influenza and pneumonia	7	65,661	2.7	62,094	2.6
Alzheimer's disease	8	58,866	2.4	53,852	2.2
Nephritis, nephrotic syndrome and nephrosis	9	40,574	1.7	39,480	1.6
Septicemia	10	33,865	1.4	32,238	1.3

... Category not applicable.
¹Rank based on number of deaths.